

Milk Reconciliation

Revised FY 2013

Sponsor Name _____

Month/Year _____

	Breakfast			AM Snack			Lunch			PM Snack			Supper			LN Snack			Amount Purchased Gallons	
Date	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	Record Carry Over	
1																				
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27																				
28																				
29																				
30																				
31																				
Total																				
X	4	6	8	4	4	8	4	6	8	4	4	8	4	6	8	4	4	8	Total (b)	X 128(a)
=																				

(a) _____ Total oz. Purchased (b) _____ Total oz. Required

(a) - (b) = (c) 0 (c) divided by 128 = _____ Total gallons above/below amount needed

Meals Disallowed? ___ Yes ___ No

Number of Meals Disallowed: _____

Breakfast _____
 AM Supplement _____
 Lunch _____
 PM Supplement _____
 Supper _____
 LN Snack _____
 Total _____